

**Elementary School District 102
Home Language Survey**

School _____ Date _____

Student Name _____ Parent /Guardian _____

Address _____

Grade Level _____ Date of Birth _____ Male _____ Female _____

Place of Birth _____ If not U.S., date of U.S. entry _____

Number of years educated in United States schools _____

Year entered 1st grade in U.S. (if applicable) _____

1. Is a language other than English spoken in your home? _____

If so, what languages? _____

2. Does your child speak a language other than English? _____

If so, what languages? _____

3. What was the first language your child learned? _____

4. What was the language of instruction at the previous school? _____

If the answer to all of the above questions is "English", you may stop here and sign the form at the bottom. If not, please continue.

5. What language do you (parent) speak most often? _____

6. What language do you (parent) use most frequently when speaking to your child? _____

7. What language does your child use most often when speaking to you? _____

8. What language does your child use most often with friends? _____

9. What languages does your child read and write? _____

Signature of Parent or Guardian

Translator (if applicable)

Phone _____

Phone _____

Illinois Administrative Code, Chapter I, Section 228.15 Each school district shall administer a home language survey to each student entering the district's schools for the first time. Students with another language may then be given an English proficiency assessment.